

INVOICE

Invoice No: _____

Date: _____

BILL TO

Contract Ref: _____

CONTRACT/PROJECT DESCRIPTION	TOTAL CONTRACT AMOUNT	TOTAL TO BE SCHEDULED
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INSTALLMENT PAYMENT SCHEDULE

SEQ.	SCHEDULED BILLING DATE	PAYMENT DESCRIPTION / MILESTONE	AMOUNT DUE
1			
2			
3			
4			
5			
6			

Subtotal: _____

Tax / Adjustments: _____

Total Contract Value:

PAYMENT TERMS & INSTRUCTIONS

